U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	-
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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/04 Through: 12/31/04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Terry L MGoldrick	Name Local Union 15 IBEW				
	Labor Organization File Number 526-840				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 7021 Horizon dr	Street 1548 Bond St				
City Rockford	City Naperville				
State TL ZIP Code +4 6/10 9	State ZIP Code + 4 6 0 5 6 3				
5. Position in labor organization. Business Representative Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests					
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount				
Street	7.D. Allioure.				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Ten	misselik
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ZIP Code + 4

On	7-18-05
	Date

915-	378-	70	5	4	
	Telepho	ne Nur	nber	-	

City

State

Name of Person Filling Terry Ma Goldrick	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary vas substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise			
8. Name and address of Business (Including trade name, if any). Name Schuchot, Cook + Werner Trade Name, if any: Attorney - Law Firm P.O. Box, Bldg., Room No., if any Street 1221 Locust Street City St. Louis State Mo ZIP Code +4 63103	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Does legal work	i for Local		
Trade Name, if any:	Arbitrations and 1	lawauts.		
P.O. Box, Bldg., Room No., if any		2.(
Street	1. Annual and a language of such dealing			
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	3500,000,		
State ZIP Code + 4	Dinner for Ark			
	12.b. Amount.	[*80.00		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Terry Mc Goldrick		File Numbar U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One West Monroe Street City Chicago State IL ZIP Code +4 60603	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar valu 12.a. Nature of interest held	s's main ing Account e of such dealing.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	+ 5 y			
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.			